

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Don Thompson	TELEPHONE NUMBER 601-359-4457	
ADDRESS 750 N. State Street		CITY Jackson	STATE MS	ZIP 39202
EMAIL Don.Thompson@mdhs.ms.gov	SUBMIT DATE 7/8/2010	Name or number of rule(s): Maltreatment and Corporal Punishment of Children in Custody		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Added a standard regarding Maltreatment and Corporal Punishment of Children in Custody and that it must be reported to DHS. The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code: 43-1-2

List all rules repealed, amended, or suspended by the proposed rule: Maltreatment and Corporal Punishment of Children in Custody

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

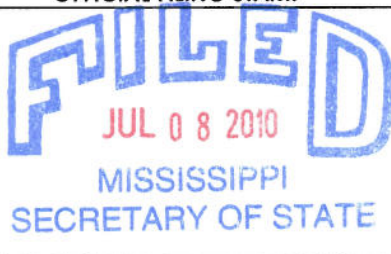
ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	PROPOSED ACTION ON RULES Action proposed: _____ <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: X 30 days after filing _____ Other (specify): _____	FINAL ACTION ON RULES Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____
--	--	--

Printed name and Title of person authorized to file rules: _____

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="text-align: center;">  </div>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Accepted for filing by _____	Accepted for filing by <u>17122 UB</u>	Accepted for filing by _____